


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000119985		
1. Entity Name PALM COAST DRYWALL OF FLORIDA, INC.		

Principal Place of Business 4322 ENFIELD COURT PALM HARBOR, FL 34685	Mailing Address 4322 ENFIELD COURT PALM HARBOR, FL 34685
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2. Principal Place of Business 6009 Bayway Ct Suite, Apt. #, etc.	3. Mailing Address 6009 Bayway Ct Suite, Apt. #, etc.
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City & State New Port Richey FL	City & State New Port Richey, FL
Zip 34652	Country Pasco
Zip 34652	Country Pasco

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Dougherty & Associates, LLC Street Address (P.O. Box Number is Not Acceptable) 5623 U.S. 19 Suite 151 City New Port Richey FL Zip Code 34652	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Daniela Bailey Dougherty &amp; Associates, LLC</u> DATE <u>5/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SANTORO, VINCENT L JR 4322 ENFIELD COURT PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6009 Bayway Ct New Port Richey, FL 34652 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Helen A. Santoro, SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6009 Bayway Ct New Port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vincent L. Santoro, III, vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6009 Bayway Ct New Port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900055718819 06/03/05--01002--007 ***185.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>58</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u><i>Vincent Santoro III</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	5/26/05 727-841-0866 Date Daytime Phone #

FILED  
05 MAY 31 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05262005 Chg-P CR2E034 (10/03)

4. FEI Number  
04-3721566 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required